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TO: Examiner Alvin J. Stewart, Group Art Unit 3774
COMPANY: U.S. Patent and Trademark Office

FAX NUMBER: 571-273-8300
PHONE NUMBER:

FROM: Douglas A. Collier

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RE: Notice of Appeal for U.S. Patent Application No. 10/648,056 to Jeff R. Justis et al.

COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

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PTO/SB/21 (04-07)

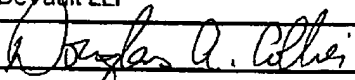
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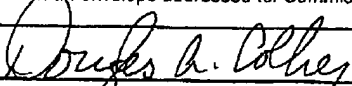
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/648,056
	Filing Date	August 26, 2003
	First Named Inventor	Jeff R. Justis et al.
	Art Unit	3774
	Examiner Name	Alvin J. Stewart
Total Number of Pages in This Submission	Attorney Docket Number	MSDI-77/PC753.00

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet; Pre-Appeal Brief Request for Review (PTO/SB/33)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Krieg DeVault LLP		
Signature			
Printed name	Douglas A. Collier		
Date	January 26, 2009	Reg. No.	43,556

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Douglas A. Collier	Date	January 26, 2009

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PTO/SB/17 (10-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known Application Number 10/648,056 Filing Date August 26, 2003 First Named Inventor Jeff R. Justis et al. Examiner Name Alvin J. Stewart Art Unit 3774 Attorney Docket No. MSDI-77/PC753.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	1030.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: 12-2424 Deposit Account Name: Krieg DeVault Lundy
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = <u>0.00</u>		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = <u>0.00</u>		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = <u>0.00</u>				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge): Notice of Appeal (\$540); 2 Mo. Extension of Time (\$490)	1030.00

SUBMITTED BY		
Signature <u>Douglas A. Collier</u>	Registration No. (Attorney/Agent) 43,556	Telephone (317) 238-6333
Name (Print/Type) Douglas A. Collier	Date January 26, 2009	

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